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FEE TRANSMITTAL for FY 2005 <small>Effective 1001/2004. Patent fees are subject to annual revision.</small>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/695,419-Conf. #4483
TOTAL AMOUNT OF PAYMENT (\$) 110.00		Filing Date	October 27, 2003
		First Named Inventor	Linlin Chen
		Examiner Name	T.H. Parsons
		Art Unit	1745
		Attorney Docket No.	291958171US4

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																																																																							
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Deposit Account <input type="checkbox"/> None Deposit Account Number: 50-0665 Deposit Account Name: Perkins Coie LLP The Director is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments To the above-identified deposit account. <input type="checkbox"/> Other (please identify):		2. EXTRA CLAIM FEES <table border="1"><thead><tr><th>Fee Description</th><th>Fee (\$)</th><th>Small Entity Fee (\$)</th></tr></thead><tbody><tr><td>Each claim over 20</td><td>18</td><td>9</td></tr><tr><td>Each independent claim over 3</td><td>88</td><td>44</td></tr><tr><td>Multiple dependent claims</td><td>300</td><td>150</td></tr><tr><td>For Reissues, each claim over 20 and more than in the original patent</td><td>18</td><td>9</td></tr><tr><td>For Reissues, each independent claim more than in the original patent</td><td>88</td><td>44</td></tr></tbody></table> <table border="1"><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee (\$)</th><th>Fee Paid (\$)</th></tr></thead><tbody><tr><td colspan="4">- 20 or HP = $\frac{\text{HP} \times \text{Total Claims}}{\text{HP}}$</td></tr><tr><td colspan="4">HP = highest number of total claims paid for, if greater than 20</td></tr><tr><th>Indep. Claims</th><th>Extra Claims</th><th>Fee (\$)</th><th>Fee Paid (\$)</th></tr><tr><td colspan="4">- 3 or HP = $\frac{\text{HP} \times \text{Indep. Claims}}{\text{HP}}$</td></tr><tr><td colspan="4">HP = highest number of independent claims paid for, if greater than 3</td></tr><tr><td colspan="2">Multiple Dependent Claims</td><td>Fee (\$)</td><td>Fee Paid (\$)</td></tr><tr><td colspan="2">Subtotal (2) \$</td><td>0.00</td><td></td></tr></tbody></table>				Fee Description	Fee (\$)	Small Entity Fee (\$)	Each claim over 20	18	9	Each independent claim over 3	88	44	Multiple dependent claims	300	150	For Reissues, each claim over 20 and more than in the original patent	18	9	For Reissues, each independent claim more than in the original patent	88	44	Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	- 20 or HP = $\frac{\text{HP} \times \text{Total Claims}}{\text{HP}}$				HP = highest number of total claims paid for, if greater than 20				Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	- 3 or HP = $\frac{\text{HP} \times \text{Indep. Claims}}{\text{HP}}$				HP = highest number of independent claims paid for, if greater than 3				Multiple Dependent Claims		Fee (\$)	Fee Paid (\$)	Subtotal (2) \$		0.00																																			
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SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	38,264
Name (Print/Type)	Paul T. Parker	Telephone	(206) 359-8000
		Date	December 8, 2004

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV528705936US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.	
Dated: 12/8/04	Signature: (Melody Almberg)